

No. <b>C 162618</b>	<b>Due no later than Sep 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> TOURETTE SYNDROME ASSOCIATION, INC. JENNIFER FROSCH 42-40 BELL BLVD STE 205 BAYSIDE NY 11361		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	KENNETH D MOELIS	42-40 BELL BLVD STE 205	BAYSIDE	NY	USA	11361
SECRETARY	VIKTORIA HOLM KRAMER	4235 MARY ELLEN AVE #106	STUDIO CITY	CA	USA	91604
5. Organized Under the Laws of:  <b>NY</b> <b>C 162618</b>		6. Annual Report must be signed.* Signature: Jennifer Frosch Name (type or print): Jennifer Frosch Date: 10/15/2009 Title: Senior Accountant				
Processed 10/15/2009		* Electronically provided signatures are accepted as original signatures.				